Chapter I

Introduction
INTRODUCTION

On 5th November, 2003 Guwahati City Police arrested three persons with 1 kg heroin which cost rupees ten lakhs in International market (Amar Asom, 6th Nov., 2003), indicating the menace of drug abuse is still on the rise, though it is just the tip of the iceberg. A number of theories have been proposed to understand the problem of drugs out of which the disease and deviance theories help to decide intervention strategies. The present study is in the light of disease concept as the study is clinic based and the investigator wants to see whether the treatment given to the drug abusers for the rehabilitation in the society is helpful or not and whether the problems of rehabilitation in the society have anyway connected with the type of drugs or the amount of drugs used.

According to the Article 47 of the Constitution, there is a prohibition of intoxicating drinks and drugs which are injurious to health, except for medical purposes. To curb the drug menace Government of India has adapted a three pronged strategy for demand reduction and drug abuse prevention.

(a) Awareness building and public education for drug abuse prevention.

(b) Community based action for identification, treatment and rehabilitation of drug addicts.
(c) Training of Government and non-Governmental functionaries concerned with drug abuse prevention.

The present study is a challenge to the second strategy of the Government which analysed the impact of treatment on the adjustment problems of the drug abusers and whether the treatment helps their effort to go back to society. According to Bedi and Bajpai (1997), “The treatment should not be imposed or inflicted on the addict as he has highly unstable mind and has disturbed psyche. Treatment must enable the addict to feel self responsibility and decide right and best course of action for him.”

CONCEPT OF DRUG ABUSE AND ADDICTIONS

The term ‘chemical substance abuser’ used in the study applies to drug addict. The term ‘drug addiction’ is not easily defined and the identification of addicts in the society is not an easy task. The term addiction is used, in the drug field ‘to refer to chronic, compulsive or uncontrollable drug use, to the extent that a person cannot or will not stop the use of same drug’. From the medical viewpoint, “Addiction is a condition resulting from repeated use of any drug to the extent that, continued use of its becomes essential in order to retain normal physiological functions and the discontinuance of the drug causes definite physical and mental symptoms”. The W.H.O. has defined the word ‘drug as any substance which when taken into the body of a living organism modifies one or
more functions. Drug may be a habit forming drug or an addictive drug. The additive drug results in physical dependence upon it, the habit forming drug does not or does so to a very slight degree (Kane, 1963; 1993). Popularly the term 'addiction' is identified with a compelling appetite which increases with each momentary satisfaction (Bedi and Bajpai, 1997).

The report of W.H.O. Expert Committee on 'Drug Dependence' (1968) described drug dependence as a state of psychic and sometime, also physical resulting from the interaction between living organism and a drug characterized by behavioural and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects and sometime to avoid the discomfort of its absence. 'Drug addiction', as defined by the W.H.O. Expert Committee (1950) is a state of periodic or chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include--

(1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means,

(2) a tendency to increase the dose, and

(3) a psychic and sometimes a physical dependence on the effect of the drug.

The characteristics focus four aspects – (i) habituation, (ii) tolerance, (iii) physical dependence, (iv) euphoria. Habituation on drug means a psychological
dependence on the use of a drug because of the relief from anxiety or any other emotional disturbance that it caters. Habituation increase the tolerance level of an individual against drug. Tolerance means a decrease in response to a drug dose that occurs with continued use. As a result, it is necessary to increase the dose, in order to obtain original degree of effect. In other words, tolerance is associated with increasing dependence on the drug to maintain its effect. Physical dependence refers to an altered physiological state brought about by repeated administration of drugs in order to prevent the appearance of characteristic symptoms called ‘abstinence syndrome’. Abstinence from drug use may be accompanied by withdrawal syndrome. Euphoria is expressed in terms of high and kicks which is a state of pleasure and happiness derived by the use of drugs.

Use of drug does not mean addiction. A person may go for drug use, if he uses it regularly he may form a habit of it and if he cannot get rid of the habit, it may lead to addiction. From drug ‘use’ to habit and then to ‘addiction’ are different steps to create a problem of ‘drug abuse’. ‘Drug abuse’ is defined as the self-administration of drugs for non-medical reasons in such quantity and frequency which may impair an individual’s ability to function effectively and may result in social, physical or emotional harm. Thus, drug addiction refers both a psychological and a physiological reaction to a chemical substance consumed or used to create pleasurable effects or to avoid pain and discomfort.
The drug abuse is used to indicate excessive of drug regardless of whether an individual has reached the point of true dependence on it (Coleman et al., 1980).

Though various definitions have been put forward on the various terms used to discuss the problems of drugs, the fact is that the abuse of drugs will definitely lead to addiction and the victim becomes forcibly dependent on the drug. The person addicted to a drug is compulsive to use the drug, but the person who is habituated will develop only a desire to take the drug. Not only that, a person addicted to a drug may commit any crime for the procurement of stuff (drug) but a person with habituation may refrain himself from taking such a drastic step. Merely dependence on drug may not lead to any socially undesirable act, whereas addiction implies a social and personal health risk and impairment of personality. The drug abuser uses drug with such frequency and intensity that it causes physical and psychological harm to the user and worsens social functioning. Drug abuse is the psychic craving for licit or illicit chemical substance that result in an individual’s physical, mental, emotional or social impairment. Since drug abuse is also seen as a disease, a favourable attitude has been already developed in favour of treatment and rehabilitation of the drug abusers.
Fig. 1: Position of India between Golden Crescent (Iran, Afghanistan & Pakistan) and Golden Triangle (Myanmar, Laos & Thailand), Nepal on the other.
TYPE OF DEPENDENCE PRODUCING DRUGS

Conventionally, drugs are divided into two broad groups:

(1) Depressants: Analgesic (metacin, analginete)
Cannabis (bhang, ganja, charas)
Opiate narcotics (opium, heroin, morphine)
Tranquillizers (Librium etc.)

(2) Stimulants: Amphetamines, cocaine, tobacco, caffeine.

Walsh and Furfey (1961) mention drug of two types – Stimulant (Cocaine, Benzadrine etc.) and Depressant (opium and opium derivatives like morphine and heroin, barbiturate, marijuana etc. Depending upon the psychopharmaceutical potency, drugs are classified as hard drugs and soft drugs. The terms like psychedelics or hallucinogens have also gained usage. Abelson (1976) has classified drugs into four types: (i) narcotics, (ii) depressants, (iii) stimulants and (iv) hallucinogens.

Again drugs can be classified into five types (Coleman et al., 1980):

(a) Narcotics: Opium and Opium derivatives
(b) Sedatives: Barbiturates, alcohol, diazepam calmpose
(c) Stimulants: Cocaine, amphetamines
(d) Anti-anxiety: Meprobames
(e) Hallucinogens: LSD, cannabis, marijuana
Mainly there are two types of drugs (Bedi and Bajpai, 1997) - natural and synthetics. The use of natural drugs in the form of leaves, roots and fruits dates back to ancient times. Its use is mentioned in ‘Rigveda’. In Vedic literature cannabis is described as favourite drink of Lord Shiva. The use of cannabis and opium has also been mentioned during the Mughal period. But the invention of synthetic drugs is only in 19th century A.D.

Probably rising trend of drug abuse is from the synthetic drugs, as the use of natural drugs is still prevalent in the society. In India, whereas cannabis and opium have spread to many more strata of society psychotropic substances have also started making a headway.

In the present study drugs have been classified into three categories:

(a) Depressant : Alcohol, tranquilizers like calmose alzolam, diazepam, heroin, brown sugar etc.

(b) Stimulants : Amphetamines, methedrine, cocaine, caffeine, nicotine

(c) Hallucinogen : Ganja, bhang, cannabis etc.

Depressant drug are synthetic drugs which have a depressant action on the central nervous system. After consuming it slows down body processes. Medically some of these have been used for the treatment of high blood
pressure, insomnia and for the mental and physical illness. In normal medical usage, it lowers blood pressure, slows heart and respiratory rate. But overdose result in slurred speech, drowsiness, quick temper, drunken appearance etc.

Stimulants are natural and synthetic drugs which have a strong stimulating action on the central nervous system. After abusing they bring a feeling of alertness and self-confidence. In the medicinal field cocaine is used as a local anaesthetic, amphetamines are used to treat mild depression, fatigue and to reduce appetite in weight control programmers. Its abuse causes excitation and dilated pupils, insomnia, increased blood pressure etc.

Hallucinogens are natural and synthetic drugs which affect the mind, causing distortions in physical senses and mental reactions. There is no medical use and it keeps the person away from reality. These drug abusers are unable to discriminate between facts and fantasy and seek religious or philosophical insight.

THE MAIN DRUGS OF ABUSE:

Depressants:

Under this category comes the tranquillisers and sedatives. Tranquillisers like Benzodiazepenes (Librium, valium), phencyclidine (PCP, m Angel Dust), calmpospe and sedatives like methaqualone, barbiturates and alcohol etc. are the most abused drugs in this category.
Fig. 2: Opium poppy—Papaver-somniferum
(Source: Drug abuse control, R.W. Furguson).
Morphine is a naturally occurring substance in opium poppy. In 1803 Sertumer (German) successfully isolated crystalline morphine as an active analgesic constituents of opium. Many other alkaloids including methadone, codeine and heroin can be synthesized from morphine. Morphine is used in surgical emergencies and also used to relieve intense constricting pain of a coronary thrombosis, certain kinds of heart failure, diarrhoea etc. Morphine acts as a cerebral depressant and temporarily creates euphoria and relaxation. Its long term effects are impairement of respiratory and digestive functions, impaired night vision, mood depression etc. Psychological dependence on morphine may develop symptoms like anxiety, insomnia, chronic depression etc.

In 1898 the Bayer Company of Germany developed heroin from morphine for commercial purpose. It is a white crystalline powder with a bitter taste and it is soluble in water. It is also known as ‘No. 4’ and ‘Brown Sugar’. Actually brown sugar is an adulterated form of heroin which is much cheaper than heroin. Heroin can be swallowed, sniffed smoked or injected by the abusers. As it is a strong depressant acting mainly on the central nervous system, all metabolic activities of the body start depressing as soon as it is abused. It can also produce a euphoria, analgesia and tranquility. The effect of heroin addiction may be dry mouth, slurred speech, slow heart beat, low blood pressure, respiratory trouble, smallness of pupil of the eye etc.
Fig. 3: Hemp Plant, Cannabis Sativa
Codeine is also obtained from morphine and is used in cough syrup. Young addicts usually start their drug taking habit by abusing codeine which is available in pharmacy. Regular abuse of heavy dose of codeine may lead to impairment of night vision, mood instability, restlessness, tension, muscle cramp etc. Anti-anxiety drugs like calmopose, diazepam etc., gasoline, sniffing glue and nail polish etc. may develop a toxic effect on the body.

**Stimulants**

Stimulant drugs maintain wakefulness, increase energy and a feeling of self-confidence. The natural stimulants like tea, coffee, coca, caffeine, kava, betel nut etc. are widely used by the people all over the world and those are never considered as an addictive substance. Synthetic stimulants include amphetamine dextroamphetamine (Dexedrine) and phenmetrazine, cocaine etc. which were initially prescribed for their appetite reducing effects. Now-a-days it becomes a street drug which has various brand name like ‘Pep Pills’, ‘Up’, ‘Speed’, ‘Crystal’, ‘Bennies’ etc.

Cocaine is derived from the leaves of the coca plant and it was first isolated in 1858 by Neilman, an Australian Chemist. Initially it was used as a local anesthetic but by 1886, it became a substance of addiction in Germany, which was a matter of considerable alarm. Cocaine is odourless, soluble in water and alcohol. Cocaine addiction leads to cardiac irregularities, numbness of the sensory and motor nerve endings, dilatation of pupils of the eyes, loss of
Fig. 4: Hemp Plant, Cannabis sativa (Male).
perception of time and space etc. Its sniffing may cause perforation of nasal septum.

Amphetamines are called ‘Superman drug’ as they elevate mood, produce wakefulness, alertness and increased availability of energy. Physicians initially employed it for the treatment of depression and fatigue. Since amphetamines reduce hunger, they were also used for the treatment of obesity. In higher doses, they produce tremors, irritability, anxiety, insomnia, and in very high doses toxic delirium.

In India, exchanging betel nut and leaves between two families especially in N.E. India is regarded as a token of love and relationship. These are used in most of the rituals and religious functions. Mixing several psychoactive substances together with betel nut wrapped in betel leaves is a worldwide practice, which is most common in Indian subcontinent and Arabian countries (Bedi and Bajpai, 1997).

Stimulants produce habituation, drug dependency and physiological tolerance but no physical addiction. As a result larger and larger doses are needed to be ‘high’. Since their use might veil the feelings of fatigue, an addict may collapse after use.
Fig. 5: Hemp Plant, Cannabis sativa (Female).
Hallucinogens

Hallucinogens are powerful mood altering substances. They can also bring visual perception changes and behavioural changes. LSD is the most potent of all the known hallucinogens. Dhatura, mushroom, mandrake, henbane etc. are also included in this class. In India, dhatura was used as Prasad of Lord Shiva.

Cannabis is the most widely used drug in India and in International market. Marijuana, bhang, hashish, ganja, charas, grass, pot, kif etc. are the names given to the Indian hemp plant, Cannabis sativa or to preparations made from it (W.H.O., 1965). The most valued part of the hemp plant is its resinous exudates as it contains the highest concentration of tetrahydrocannabinol (delta-9-THC) which is an active hallucinogenic or psychoactive component of cannabis. In late 1800 and 1900 the physicians in Europe and America used this plant for its medicinal effect. It was used to reduce eye pressure in glaucoma patients, to control side effects in cancer patients, asthma and epilepsy. The yellowish green oil in the seed was used to make soap, lamp oil, paint and varnish (Menon, 1989, 19).

Marijuana refers to the dried leaves of the hemp plant. Ganja is prepared from the flowers and upper leaves and is more potent than bhang. Bhang is another common drug of abuse in India. It is less potent form of cannabis
Fig. 6: Coca plant, *Erythroxylon coca*.
preparation containing only 5% of resin. Hashish refers to the resinous exudates of the flowering tops of the hemp plant. It is known as charas in India. In general, all the products of the cannabis have hallucinogenic effects. Use of high dose of cannabis produces delusion, depression, impaired judgement, changes in perception of time and space etc. According to Bedi and associate (1997) use of bhang or charas is prevalent among Sadhus or more intermittently among the poor and occasionally among the urban people. Socially it is not seen as a problem nor are there yet reports of its adverse medical effects.

CAUSE OF DRUG DEPENDENCE

The abuse of chemical substance means abuse of drugs. Drug abuse is becoming a menace in the present day society. Now, it becomes not a regional problem, rather it is a global problem. Therefore, the problem of drug abuse has attracted the entire population of the world. Perhaps, no place or area is there where the problem is not getting public attention. However, the phenomenon of drug use or abuse is not new. From time immemorial chemical substances has been used by individuals for its pleasurable effect or for the purpose of relieving psychological tension. The problem of drug abuse arises out of a complex factor that could be therapeutic, psychological, sociological, economic or religious. But it did not pose a problem in the society of the earlier days as life was simple, value inculcation was easy and due to social taboos and self-restraint, substances
were used but not abused in such a magnitude. Even if there were drug abusers, the population of that category was so small comparatively of today's population, that it was not considered as a complex problem.

India, as a whole is facing twin problem of drug abusing and drug trafficking. Drug trafficking has been growing in a much large scale than before due to insurgency problem as money for arms and ammunitions use to exchange for drugs. The people of India are facing multicronered drug attack from the long stretched Indo-Pak and India-Myanmar borders and also Nepal which is another source of illegal supply of drugs to India. Drugs from these sources enter the Indian soil through water and air route. The ultimate result is that India has acquired very serious and alarming proportions of drug addicts during the last fifteen years. Ever since illicit drug trafficking is growing in an alarming rate, a serious thought has been given both at Government and non-Government level to curb this problem and to save the mankind.

The rising trend in the problem of drug abuse seems to be associated with the process of modernization. Due to urbanization and industrialization, family system has been tremendously changed. The joint family system has been broken up into nuclear family. This socio-economic change has made the life very fast and there is hardly any time for relaxation and enjoyment jointly with all family members. This has led to create an individualistic society where busy parents cannot pay attention to the children. The increasing stress and strain of
modern life, availability of money and skills developed for easy money making, changing cultural life; are some of the factors that aggravate the problems of drug abuse. On the other hand, poverty, caste system, hostile and aggressive family situation, deprivation of societal opportunity, frustrations in the life situations are some of the causes of drug abuse among lower-income group of people. Drugs or chemical substances are the media for escaping from hard-hit real life situation, which attract mostly the younger generation. Drug trafficking is a lucative business especially for unemployed youth who ultimately use to fall prey of drug addiction.

However, there is no single reason of drug abuse but multiple factors led to this problem. Ironi is that many communities in India have promoted use of the drugs through religious, social and ritual validity. Therefore, 'most of the addiction is result of common and traditional drugs which are legal and have hardly any concern of Govt. as they become the part of Indian folk-culture' (Bedi and Bajpai, 1997). In a study done in Guwahati city on 170 samples found the causes of drug dependence to be (a) peer pressure, (b) psychiatric illness, (c) family problem, (d) curiosity, (e) enjoyment (Baruah, 1993). Many individuals made use of drugs to make them sociable and also to enable them to be accepted in peer circle. Drugs are also used as a coping mechanism to deal with the stress of daily life. Pathological family pattern, faulty family and parental model, lack of love and affection in families are major contributing factor to turn to drug
abuse. The individuals specially the youth have fallen prey of drug addiction out of their curiosity to experiment the pleasurable effect of it which later led them to the continued use of the drugs. Easy availability of various types of drugs and for the sake of enjoyment many individuals made use of drugs which ultimately led to addiction.

The increasing number of drug abuses of different strata and age group has posed a serious concern for the well-being of the people of our society, because as a developing country we cannot ride with the euthoria created by abusing of drugs. We, Indian, are still striving for our basic amenities to be provided to the down trodden. We will have problem of hunger and pure drinking water. Moreover, drug abuse also affects the environmental and personal factors of a person.

ADJUSTMENT OF DRUG ABUSERS

Adjustment may be defined as ‘a state of life when the individual is more or less in harmony with personal biological, social and psychological needs and with the demands of the physical environment’. Any state that contradicts that of adjustment is called maladjustment. The maladjusted individual fails to attain to a state of adjustment with his circumstances and instead of trying to face up to the situation, tries to run away from it. He has very little capacity to co-operate with others and he finds it difficult to live with them. He may show
signs of anxiety, aggression or disorganized thinking and responding in much the same way regardless of the circumstances. He may be less adaptive, as a result his behaviour often seems to be inappropriate.

The adjusted person with organized personality maintain a practical attitude of life. He never overreacts towards failures and frustrations of his life. Rather he tries to be composed and to overcome the problematic situation. On the other hand, the personality of an individual like drug addict seems to be disintegrated. Neither he lives in peace nor he let others to live in peace. He leads a disturbed life style. He may encounter various psychological problems with the abuse of drugs. The nature of the problem may include ‘paranoid symptoms, depression, anxiety, other mood disorders, memory defects and personality disorders’. Drug addicts manifest various aspects of socially unacceptable behaviour. Violence, aggression, grandiosity, dishonesty, irresponsibility, selfishness, gambling can all become a part of the chemical dependence life-style (Sharma, 1995).

The studies on 33 cities in India (1990) confirms that unemployment, poverty, family environment, stresses and strains of modern life, peer group pressures, curiosity and experimentation are the main factors responsible for drug abuse. These factors seem to lower the self-esteem of addicts as a result of which they lack in self-confidence. "In a culture in which drug addiction is socially unacceptable and illegal, such persons might well develop personality
defects as a result of guilt-feeling and fear of detection (Bedi and Bajpai, 1997). Pandina and Sehule's (1983) investigation on relationships of psychological factors with substance use by adolescents indicates that higher SUI (Substance Use Involvement) levels were associated with higher level of psychological distress, lower levels of perceived parental love, higher levels of perceived parental control, lower general self-esteem and more extensive experiencing of negative events and behaviours.

To achieve personal and social adjustment the person must be able to develop his potentialities for his own welfare and for the benefit of society also. The person 'should be able to achieve self-actualization, the ultimate goal of life (Chouhan, 1986). He must try to establish good relations in society and be able to conform his behaviour with the norms of the society. Drugs have a disruptive influence on the quality of life of an individual. As a result drug abusers show socially disgraceful behaviour. Increasing problem of drug dependence and addiction in the society has attracted the attention of public and professionals. There is a consensus among medical professionals and social scientists that addicts are 'not normal personalities'. The growing perception that drug addiction is a 'psycho-socio-medical problem' which should be handled in the entirely of the life situations of the addict definitely support the 'disease' concept of the problem. It has already been proved that cure of drug addiction is impossible without professional help. He must go through a treatment process,
which will help him to withdraw from the drug and try for his rehabilitation in the community.

But withdrawal from the drug is not an easy task on the part of addicts specially who himself is not motivated for the treatment. Once he enters in the treatment process, detoxification starts which means effort to end his physiological dependence on the drug. This has to be followed by continuous effort to neutralize psychological and social dependence. As drug addiction is viewed as a condition with various physical, psychological and social factors influencing it, the treatment programme should also contain various therapeutic procedures dealing with all these three aspects effectively. Therefore, a multidimensional treatment is advocated in the intervention. Various techniques such as social skills training, assertiveness training and communication skills training have been suggested to deal with the social aspects. In the treatment procedure 'medication treatment can only /level the playing field'. Psychological treatment, group therapy and individual counseling do the actual treatment to prevent relapse. Individual and family therapy sessions consist of educating the patient and the family about the ill effect of drugs on the persons, the family and the society and focusing on specific issues related to problems at work, within the family and community. Behaviour therapy technique includes relaxation training, covert sensitization and training the patient to develop alternate
responses to specific cues in the environment, which trigger drug-abusing behaviour.

A long-term follow-up, attendance in meeting, and rehabilitation is essential to maintain an abstinence or drugs-free life. An addict is considered as a clean or drugs free person if he stays away from drugs continuously for two years and thereafter for this whole lifetime. Relapse condition is a part of this disease. Hence neither drug abuser nor family members should manifest frustration. At times family of the drug addict may drive him back to his old habit of addiction with their negative attitudes towards the recovering addicts. In a crisis situation addicts may not be able to face the difficult situation and relapse. The unaccepting and uneducated attitude of the society can also induce a deaddicted person to go back to his old habit. Lack of trust in recovering addict may lower his morale and drive him back to drug's world. Stressful situations at the work place, like ridiculing the ex-addict or abstinent may cause a relapse. The poor frustration tolerance is also the main underlying factor for this condition. Lack of insight and understanding with regard to the problem on the part of addicts themselves and of others in the environment will incite for relapse. If the alcoholic is constantly belittled by his superiors and co-workers for being an alcoholic, the alcoholic may use this as an excuse to drink more and may lose faith in his own capacity to quit (Worick and Schaller, 1977). A relapse may make it clear that there is a need for enhancement of adjustment capacity
for resolving a family conflict, for an occupational change, for a change of associates and for contacts with therapy groups which are more suitable to the addict's need. Thus, though relapse may discourage the drug abusers and the family members, it may actually have a positive effect. The addicts may realize the enormity of the problem and the need for a constant vigil. It may reinforce the need to take more positive measures with other problems.

**DRUG DEADDICTION CENTRES**

The drug abuse problem can not be dealt with effectively unless there is a partnership between government and non-Government organization. Voluntary organizations are taking the responsibility for prevention, treatment and rehabilitation of drug addicts throughout the country. With the support and assistance from the government and people some drug deddiction and rehabilitation centers have come up in Assam also. Within Guwahati city some centers have started counseling and rehabilitation exclusively for chemical substance abusers.

1. **Resurrection home, Athgaon, Bonda, Guwahati**

   This centre was established by a recovering addict in 2001 with a view to provide counseling and rehabilitation to the drug addicts. The centre has a capacity for admitting twenty-five addicts and admission fee is the only source of income for the management of the centre. Generally addicts are referred by
the doctors from private hospitals; sometimes parents or guardians also approach the centre for this purpose. Once admitted an addict has to stay at the centre for six months. He is kept under detoxification for first three days after admission. Family members are not allowed to visit the centre and depending upon the recovery level sometimes they are allowed to go home to stay for the night during treatment period. They are also allowed to go for daily marketing in a group but have to submit account of expenditure to the Director.

Since the management of the centre is entirely vested upon the Director-cum-counsellor, counselling programme and group therapy are provided following a proper time schedule. The day starts with a prayer. Before taking every meal they have to pray to God. Other activities of the centre are:

❖ Counselling at individual, group and family level
❖ Yoga therapy
❖ Meditation
❖ Gardening

The centre follows the 12 steps of Alcoholics Anonymous (AA) with a goal of total abstinence. The centre does not have regular doctors and nurses but whenever necessary, the services of qualified medical personnel are made available to the centre.
2. 'Navajeevan', Kahilipara, Guwahati

The centre was established in 2000 with a view to provide services for counselling, treatment and rehabilitation of drug addicts, which is sponsored by the Ministry of welfare, Government of India, New Delhi. It is a project of a non-Government organization named ‘Ashwas’, a state branch of Association of Social Health of India. Apart from managing the drug deaddiction centre, the organization conducts awareness generation activities in the community for the prevention of the drug abuse.

The administration of the centre is entrusted to a project Director with a team of experts including Psychiatrist, Medical Officer, Social worker, nurse, and three security personals. The centre is providing accommodation to 15 male inmates at present. The main programme of treatment available in the centre are as follows:

1. Intake assessment in the beginning
2. Detoxification for ten days
3. Deaddiction
4. Rehabilitation

Under deaddiction behavioural therapy, Yoga, meditation, counseling at individual, group and family level have been included.
Fig. 7: Centre for Detoxification and Rehabilitation

Fig. 8: Gardening by clients
Under rehabilitation, Self Help Groups are formed where addicts discuss their problems during recovery periods. At the same time family members are also invited for consultations. Follow up measures are taken in the following manner:

1st month : Recovering addicts visit the centre once in a week.
2nd month : Visit twice in a week upto one year.

There are three types of rehabilitation period:

i) Short term - 49 days rehabilitation
ii) Medium term - 77 days rehabilitation
iii) Long term - 105 days rehabilitation

The centre follows cognitive behavioural therapy for the treatment process.

3. 'Mashwara', Panjabari Road, Sixth Mile, Guwahati

The respondents of the present study were taken from the drug deaddiction centre ‘Mashwara’ which is a 15-bedded hospital for drug addicts—the first of its kind in Assam. ‘Mashwara’ means ‘counsel’ in Urdu. As per information brochure of the organization it is ‘a centre which provides therapeutic and after care services to drug addicts’ and ‘facilitates drugs users to change lifestyles through a strategic process of counsel and care for well being of the client’. The centre is run by a NGO named NESPYM (North East Society
Fig. 9: Session for daily reflection.

Fig. 10: Session for Yoga and Meditation.
for the Promotion of Youth and Masses) from the year 1991. The key-thrust areas of the centre are:

1. Detoxification of effects of drugs through medical intervention.
2. Rehabilitation or restoring the patient to a track of optimum effectiveness through learning in the form of behaviour modification sessions.
3. After care counsel with the object of preparing the person for reintegration in the society and preventing the severity of relapse.

Any drug user can approach the centre or the staff at various community based programme for registration. During registration, addict's history on drug abuse and family is taken and also the staff tries to understand the willingness of the client for the treatment programme. The visit of the client and family members twice before admission is essential to make them understand that the centre will act as a facilitator only. It will provide all professional help but the desire to change the behaviour pattern is client’s responsibility and the family must shoulder responsibility during recovery. The medical team consisting of physicians, psychologists and the nursing staff provide detoxification and related medical care for withdrawal symptoms and also treat the patients with ailments related to drug use.

The most important part of deaddiction, the counseling is done at individual, group and family level. Individual problems are traced through
Fig. 11: Individual Counselling

Fig. 12: Group Counselling
psychological assessment. For whole person recovery the followings have been incorporated in the treatment plan:

1. Spiritual guidance through yoga, meditation etc.
2. Inculcation of a civic sense through instruction and activities in and outside MASHWARA.
3. Physical fitness through exercise and yoga sessions.

After care services are provided continuously for two years through periodic consultancy at the centre with the client and family members or significant persons in client’s life. Contact is maintained with recovering addicts by letters, telephone calls and home visits by the staff of the centre. The close contact is being maintained even after two years specially by the abstinent group. The centre also helps the suitable recovering addicts to join vocational training and to take up suitable jobs. The centre put much emphasis on social mobilization to increase awareness among community people and students for drug abuse prevention.

The main aim of the present study is to see whether after going through the treatment procedure followed by the centre a client can lead a normal life through enhancing their adjustment capacity in the community. Probably age will be a determining factor to prevent the drug abusers from relapse after deaddiction. The addicts abuse different types of drugs, which may also affect the adjustment variable of the study.
Fig. 13: Family Counselling

Fig. 14: Self-help by clients